

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

